PART B -FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 71284 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)		
					(Signature)	
APPLICATION NO.	FILING DATE	FIDST NAM	ED INVENTOR	ATTORNEY DOCKE	Γ NO. CONFIRMATION NO.	
10/563,726	06/30/2006		. Poznansky	62063(51588)	1 NO. CONFIRMATION NO.	
TITLE OF INVENTION: FUGETACTIC PROTEINS, COMPOSITIONS AND METHODS OF USE						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATIO			
Non-Provisional	yes	\$755.00	\$300.00	\$1,085.00	01/26/2010	
EXAMINE	L L		CLASS-SUBC	SUBCLASS		
S. M. Noakes 1656 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. "The Address indication form PTO/SB/47: Rev 03-02 or more recent) attached. "The Address indication form PTO/SB/47: Rev 03-02 or more recent) attached.			mes of up to 3 agents OR, alterna e of a single firm (attorney or agent	registered patent 1 Edwa titively, having as a member 2 Peter) and the names of neys or agents. If no 3	rds Angell Palmer & Dodge LLP C. Lauro, Esq.	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
The General Hospital Corporation Boston, Massachusetts						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
x Issue Fee	A check in the amount of the fee(s) is enclosed.					
X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
X Advance Order -# of Copies 10 X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105						
5. Change in Entity Status	(from status indicate	d above)				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
	lication Fee (if require	d) will not be accepted from a		ly any previously paid issue fee to the applicant; a registered attorney or	e application identified above. agent; or the assignee or other party in	
Authorized Signature	ignature /Peter C. Lauro/			Date	April 26, 2010	
Typed or printed name	Typed or printed name Peter C. Lauro, Esq.			Registration No.	32,360	